

1. ☐ New I.D.
2. ☐ Update
3. ☐ Reinstate
4. ☐ Revoked
5. ☐ Renewal
6. ☐ Re-issue

DEPARTMENT OF ADMINISTRATION
DIVISION OF MOTOR VEHICLES
OFFICIAL R.I. IDENTIFICATION CARD

I.D. NUMBER		SOCIAL SECURITY NUMBER			ISSUANCE DATE	
DATE OF BIRTH		SEX	HEIGHT	WEIGHT	EYES	HAIR
FIRST NAME		M.I.	LAST NAME			TITLE: JR., SR., ETC.
STREET (NUMBER AND NAME)			CITY/TOWN		STATE	ZIP CODE

In making this application for an official R.I. Identification Card, I hereby certify to the DMV that I do not now hold an active operator's license issued by the State of Rhode Island.

SIGNATURE OF EMPLOYEE

SIGNATURE OF APPLICANT